



# State Of Montana

## Agency IT Plan

### Template

**FOR FY2010 - FY2015 IT PLAN UPDATE**

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Should you have any questions or comments regarding this template, or desire additional copies, please contact:

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INFORMATION TECHNOLOGY SERVICES DIVISION

Dick Clark, CIO  
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January 19, 2010

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## EXECUTIVE SUMMARY



## SECTION 1: AGENCY CONTACT INFORMATION

*Agency Name:*

*Role: Plan Owner*

Name:

Telephone Number:

E-Mail Address:

*Role: IT Contact*

Name:

Telephone Number:

E-Mail Address:

*Role: IT Contact (Alternate)*

Name:

Telephone Number:

E-Mail Address:

## SECTION 2: AGENCY IT MISSION

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### 2.1 Agency IT Mission Statement

## SECTION 3: AGENCY SECURITY PROGRAM

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### 3.1 Security Program

## SECTION 4: AGENCY IT PLAN – GOALS & OBJECTIVES

- Goals and objectives represent brief descriptions of what your agency plans to accomplish.
- This is not where you list your IT initiatives. You will do that in section 5.
- IT Initiatives represent special projects that you propose to support one or more of your goals or objectives.

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### 4.1 Goals

#### *Goal Number 1:*

**ITG 1**      <Title>

Description:

Benefits: What benefits are realized and who realizes the benefits?

Which state strategic goal(s) and/or objective(s) does your goal address?

#### **Supporting Objective/Action**

**ITO 1-1**      <Title>

Describe the business requirements or business problem driving this objective.

Describe the benefits to be derived from the successful completion of this objective.

Describe the anticipated risks associated with this objective. (e.g., risks associated with inaction or not completing this objective; risks associated with completing this objective).

What is the timeframe for completion of this objective?

Describe the critical success factors associated with this objective; i.e., how will you know when it has been successfully completed?

#### **Supporting Objective/Action**

**ITO 1-2**      <Title>

Describe the business requirements or business problem driving this objective.

Describe the benefits to be derived from the successful completion of this objective.

Describe the anticipated risks associated with this objective. (e.g., risks associated with inaction or not completing this objective; risks associated with completing this objective).

What is the timeframe for completion of this objective?

Describe the critical success factors associated with this objective; i.e., how will you know when it has been successfully completed?



**Goal Number 2:**

**ITG 2**      <Title>

Description:

Benefits: What benefits are realized and who realizes the benefits?

Does this goal support the State IT Strategic Plan? If so, how?

**Supporting Objective/Action**

**ITO 2-1**      <Title>

Describe the business requirements or business problem driving this objective.

Describe the benefits to be derived from the successful completion of this objective.

Describe the anticipated risks associated with this objective. (e.g., risks associated with inaction or not completing this objective; risks associated with completing this objective).

What is the timeframe for completion of this objective?

Describe the critical success factors associated with this objective; i.e., how will you know when it has been successfully completed?

**Supporting Objective/Action**

**ITO 2-2**      <Title>

Describe the business requirements or business problem driving this objective.

Describe the benefits to be derived from the successful completion of this objective.

Describe the anticipated risks associated with this objective. (e.g., risks associated with inaction or not completing this objective; risks associated with completing this objective).

What is the timeframe for completion of this objective?

Describe the critical success factors associated with this objective; i.e., how will you know when it has been successfully completed?

(Copy and paste the above format here to describe additional IT goals and objectives.)

## SECTION 5: IT INITIATIVES (FY2010 – FY 2015)

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### 5.1 IT Initiatives

*Initiative 1 - Title:*

*Description:*

*EPP Number (if applicable):*

*Initiative 2 - Title:*

*Description:*

*EPP Number (if applicable):*

*Initiative 3 - Title:*

*Description:*

*EPP Number (if applicable):*

*Initiative 4 - Title:*

*Description:*

*EPP Number (if applicable):*

(Copy and paste the above format here to describe additional IT Initiatives.)

## SECTION 6: ENTERPRISE ALIGNMENT

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### 6. State Strategic Plan for IT Alignment

Please indicate which Communities of Interest your agency plans to be involved in. Agencies are asked to select at least one, but can select as many as needed. Further planning work by the communities of interest will take place following submission of agency IT plans.

- ☐ Government Services
- ☐ Public Safety
- ☐ Human Resources
- ☐ Environmental
- ☐ Education
- ☐ Economic
- ☐ Cultural Affairs
- ☐ Finance

## SECTION 7: EXPENDITURES

### 7.1 Planned Agency IT Expenditures

| <u>Expense Category</u> | <u>FY2010</u> | <u>FY2011</u> | <u>FY2012</u> | <u>FY2013</u> | <u>FY2014</u> | <u>FY2015</u> |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Personal Services       |               |               |               |               |               |               |
| Operating Expenses      |               |               |               |               |               |               |
| Initiatives             |               |               |               |               |               |               |
| Other Expenditures      |               |               |               |               |               |               |
|                         |               |               |               |               |               |               |
|                         |               |               |               |               |               |               |
| <b>Totals</b>           | 0             | 0             | 0             | 0             | 0             | 0             |

## SECTION 8: ENTERPRISE IT INVENTORY

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### 8.1 Inventory Update

*Has the Agency updated their IT Inventory Database as outlined in Section 8 of the instructions?* \_\_\_\_\_

*Date that Agency last updated their IT Inventory:* \_\_\_\_\_

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## SECTION 9: ADDITIONAL INFORMATION - OPTIONAL

Other types of information that support the agency's IT Plan. Some examples might include other COI participation, reference to other IT plans such as GIS plan, eGovernment plan, security plan, staffing issues and constraints, etc.